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JC834  
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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
3255.1US (91-507.1-RE)

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B)	****	= x \$ ____ =		or x \$ ____ =	
		(D)	*	= x \$ ____ =			
							x \$ ____ =
Basic Fee (37 CFR 1.16(h))				\$ ____			\$ ____
Total Filing Fee				\$ ____		OR	\$ ____

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 50	MINUS	** 26	* = 24	x \$ ____ =		or x \$ 18 ____ =	\$ 432.00
Independent Claims (37 CFR 1.16(i))	*** 15	MINUS	***** 6	= 9	x \$ ____ =			x \$ 80 ____ = \$ 720.00
								OR \$ 1,152.00
Total Additional Fee				\$ ____				

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 20-1469.  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 1,152.00 to cover the filing / additional fee is enclosed.

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TECHNOLOGY CENTER 2800

October 20,  
2000

Date

Signature of Applicant, Attorney or Agent of Record

Joseph A. Walkowski

Typed or printed name